

WEST VIRGINIA PARKWAYS AUTHORITY

E-ZPass Customer Service Center
PO Box 1469
Charleston, West Virginia 25325



1-800-206-6222

E-Mail: customerservicecenter@wvturnpike.com

WWW.WVTURNPIKF.COM

(304) 926-374	- (-)		OUNT UPDATE FORM			WVTURNPI		
NVPA E-ZPass Account	t Number or if unk	nown provide E-ZP	ass Transponder Number					
NEW ADDRESS, TELE		•	-					
		1017 (12 7 13 B) (12 33 .						
Name:								
Address Type:	Billing	5	Shipping		Billing & S	Shipping		
Street Address:								
City, State Zip Cod	e:							
Home Phone:		Cell Phone:						
Business Phone:			ext.:	Fax:				
E-Mail Address:	·							
IOTE: If requesting a name and a new account opened in			indicating the change. Accounts	cannot be transfer	red to another par	rty, accounts n	must be closed	
ADD/DELETE ADDIT	IONAL CONTACT	PERSON						
would like to add				to my WV	PA E-ZPass A	ccount as	an	
uthorized contact p	erson.	(Print First and La	ast Name)					
I would like to	remove				to my WVP	A E-ZPass	Account	
as an authorized con	ntact person.		(Print First and Last Name)					
	dditional transpond ine at www.wvturr	npike.com. If you h	le listed below, please com ave any questions regardir	-	-			
PLATE #	STATE	MAKE	MODEL	YEAR	COLOR	VRC	PLEASE CIRCLE	
							ADD	
							REMOVE ADD	
							REMOVE	
							ADD	
							REMOVE	
							ADD REMOVE	
							T REINIOVE	
AUTHORIZATION authorize the change of orm is true and accurate		my account as indicat	ted above, and certify that all	information con	tained on this			
Signature:				Date:				
	it. an Account Undate	Form must be signed	by the contact listed on the acc		multiple contact	ts listed, only	one contact i	

required to sign the Account Update Form. If there are no contacts listed, or the contacted listed is unavailable, a letter requesting an update to the account must

NOTES

be submitted on business letterhead and signed by an officer of the company.

CSR

Date Account Updated